

**EXHIBIT “G”**

FILE COPY

**B & C**

**BONNIST & CUTRO, LLP**

**ATTORNEYS AT LAW**

800 Westchester Avenue • Suite S-332 • Rye Brook, New York 10573 • Telephone 914-921-4820 • Facsimile 914-921-4823

February 28, 2008

**VIA FEDERAL EXPRESS**

Demovsky Lawyer Service  
145 South Mountain Road  
New City, New York 10956  
Attention: Dave

Re: Miriam Bauza v. Mediacom Communications Corporation  
Index No. 07CV6542 (CLB)

Dear Dave:

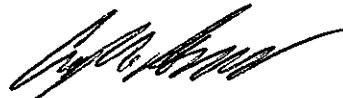
Enclosed for service please find the original and a copy of a subpoena in the above-referenced matter to be served upon:

Matthew Galligan  
Aetna  
20 Glover Avenue  
Norwalk, Connecticut 06850

Please handle the witness fee charges as well as calculate the mileage charge accordingly. I have also enclosed an additional copy of the subpoena for you to return to this office along with the respective affidavit of service. Please bill and return documents to the undersigned.

Thank you for your anticipated cooperation.

Very truly yours,



Craig M. Bonnist

CMB/lgs  
enclosures

**FILE COPY**

AO88 (Rev. 12/06) Subpoena in a Civil Case

Issued by the  
**UNITED STATES DISTRICT COURT**

SOUTHERN

DISTRICT OF

NEW YORK

MIRIAM BAUZA

V.

**SUBPOENA IN A CIVIL CASE**

MEDIACOM COMMUNICATIONS CORPORATION,

Case Number:<sup>1</sup> 07CV6542(CLB)

TO:

Matthew Galligan  
Aetna  
20 Glover Avenue, Norwalk, CT 06850

- ☐ YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

- ☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

Bonnist & Cutro, LLP, 800 Westchester Avenue, Ste. S-332,  
Rye Brook, New York 10573 (914) 921-4820

DATE AND TIME

3/19/2008 10:00 am

- ☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

See Attachment A

PLACE

Bonnist & Cutro, LLP, 800 Westchester Avenue, Ste. S-332  
Rye Brook, New York 10573 (914) 921-4820

DATE AND TIME

3/19/2008 10:00 am

- ☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

DATE

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER

Craig M. Bonnist, Esq., Bonnist & Cutro, LLP  
800 Westchester Avenue, Suite S-332, Rye Brook, New York 10573 (914) 921-4820

(See Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), on next page)

<sup>1</sup> If action is pending in district other than district of issuance, state district under case number.

## PROOF OF SERVICE

DATE	PLACE
SERVED	
SERVED ON (PRINT NAME)	MANNER OF SERVICE
SERVED BY (PRINT NAME)	TITLE

## DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on

DATE

SIGNATURE OF SERVER

ADDRESS OF SERVER

## Rule 45, Federal Rules of Civil Procedure, Subdivisions (c), (d), and (e), as amended on December 1, 2006:

## (c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection, copying, testing, or sampling of designated electronically stored information, books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection, copying, testing, or sampling may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to producing any or all of the designated materials or inspection of the premises — or to producing electronically stored information in the form or forms requested. If objection is made, the party serving the subpoena shall not be entitled to inspect, copy, test, or sample the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production, inspection, copying, testing, or sampling. Such an order to compel shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection, copying, testing, or sampling commanded.

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;

(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held;

(iii) requires disclosure of privileged or other protected matter and no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or

(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or

(iii) requires a person who is not a party or an officer of a party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject

to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

## (d) DUTIES IN RESPONDING TO SUBPOENA.

(1) (A) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(B) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.

(C) A person responding to a subpoena need not produce the same electronically stored information in more than one form.

(D) A person responding to a subpoena need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information sought is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) (A) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial-preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

(B) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(e) CONTEMPT. Failure of any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. An adequate cause for failure to obey exists when a subpoena purports to require a nonparty to attend or produce at a place not within the limits provided by clause (ii) of subparagraph (c)(3)(A).

**Attachment A**

**Instructions**

In responding to this subpoena, as used herein, the term "document" means, by way of illustration and not by way of limitation, the following items, whether printed or recorded or reproduced by any other mechanical process, written, produced by hand or produced by or stored in a computer, regardless of origin or location: books, records, communications, reports, correspondence, letters, e-mail, telegrams, memoranda, summaries or records of telephone conversations, summaries or records of personal conversations or interviews, applications, booklets, brochures, catalogues, circulars, magazines, pamphlets, periodicals, bulletins, instructions, minutes, other communications (including, but not limited to, inter- and intra-office communications), purchase orders, bills of lading, bid tabulations, questionnaires, surveys, contracts, agreements, options to purchase, memoranda of agreements, assignments, licenses, books of account, orders, invoices, statements, bills, checks, vouchers, ledger sheets, accounts, journals, cancelled checks, bank statements, bank passbooks, confirmations, statements of accounts, analyses, diaries, graphs, notebooks, charts, tables, working papers, plans, indices, summaries or records of meetings or conferences, summaries or reports of investigations or negotiations, opinions or reports of accountants or consultants, data sheets, data processing cards, photographs, photographic negatives, phono-records, tape recordings, discs, wire recordings, transcripts of recordings, drawings, motion picture film, advertisements, press releases, drafts, and marginal comments appearing on any such documents, all other written or printed matter of any kind, or any other and all other data compilations from which information can be obtained and translated if necessary.

As used herein, the term "person" means an individual, firm, partnership, corporation, proprietorship, association, governmental body, or any other organization or entity.

As used herein, any term in the singular shall be deemed to include the plural where appropriate and vice versa.

As used herein, all terms including "and" and "or" shall be construed either conjunctively or disjunctively as required by the context to include in the response any document that might be deemed nonresponsive by any other construction.

As used herein, "communication" means any written or verbal communication or other statement from one person to another, including, but not limited to, any letter, interview, conference, meeting or telephone conversation.

As used herein, the terms "Aetna" Aetna, Aetna National Accounts, Aetna Disability and/or any subsidiary or affiliate of Aetna to whom this subpoena is directed

As used herein, the term Miriam A. Bauza refers to an Aetna disability claimant (ID: 063-48-2259) who was employed at Mediacom Communications Corporation, 100 Crystal Run Road, Middletown, NJ 10941.

**Requests**

1. Any documents that reflect any conversations between Miriam A. Bauza and Aetna regarding disability benefits during the period June 2006 through the present date.
2. Any recordings of any conversations between Miriam A. Bauza and Aetna regarding disability benefits during the period June 2006 through the present date.
3. Any documents that Matthew Galligan created in his investigation into the disability claim, and overpayment of the claim, of Miriam A. Bauza.
4. Any documents that Aetna created in its investigation into the disability claim, and overpayment of the claim, of Miriam A. Bauza.
5. Any documents regarding any overpayment of disability claims by Aetna to any employees Mediacom Communications Corporation.
6. Any documents that Aetna has in its possession regarding Miriam A. Bauza during the period June 2006 through the present date.



Aetna Life Insurance Company  
Florida Disability Service Center  
PO Box 14553  
Lexington, KY 40512-4553

Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\*FILE COPY \*\***

June 11, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications Corporation  
Employee: [REDACTED]  
SS/ Cert #: [REDACTED]

Dear [REDACTED]:

During a recent review of your disability claim, it has been determined that a calculation error has been made on your weekly Short Term Disability benefits. According to the provisions of your disability plan you should have been paid \$428.57 per week, instead you were paid \$965.18 per week.

The calculation below shows your overpayment for the period February 6, 2006 through March 19, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
February 6, 2006 - February 12, 2006	\$965.18	\$428.57	\$536.61
February 13, 2006 - February 19, 2006	\$965.18	\$428.57	\$536.61
February 20, 2006 - February 26, 2006	\$965.18	\$428.57	\$536.61
February 27, 2006 - March 5, 2006	\$965.18	\$428.57	\$536.61
March 6, 2006 - March 12, 2006	\$965.18	\$428.57	\$536.61
March 13, 2006 - March 19, 2006	\$965.18	\$428.57	\$536.61
<b>GROSS OVERPAYMENT</b>			<b>\$3219.66</b>
less EXCESS FICA WITHHELD PERIODS			\$246.31
<b>NET OVERPAYMENT DUE</b>			<b>\$2973.35</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

June 11, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$2973.35. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in



3

June 11, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications Corporation



Aetna Life Insurance Company  
 Florida Disability Service Center  
 PO Box 14553  
 Lexington, KY 40512-4553

Angela A. Floyd  
 Short Term Disability Claim Analyst  
 1-888-382-3862  
 1-877-444-9788 (fax)

**\*\* FILE COPY \*\***

August 16, 2007

[REDACTED]  
 [REDACTED]  
 [REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
 Employer: Mediacom Communications  
 Employee: [REDACTED]  
 SS/Cert #: [REDACTED]

Dear [REDACTED]

We were informed that you return to work effective January 8, 2007. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on January 8, 2007. Since you were paid short term disability benefits through January 23, 2007, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period December 18, 2006 through January 23, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
December 18, 2006-January 23, 2007	\$1315.00	\$785.97	\$529.03
<b>GROSS OVERPAYMENT</b>			\$529.03
less EXCESS FICA WITHHELD PERIODS			\$40.47
<b>NET OVERPAYMENT DUE</b>			<b>\$488.56</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

August 16, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$488.56. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in

3

August 16, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



Aetna Life Insurance Company  
Florida Disability Service Center  
PO Box 14553  
Lexington, KY 40512-4553

Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\*FILE COPY\*\***

May 14, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS#: [REDACTED]

Dear [REDACTED]:

We were informed by that you return to work briefly from July 18, 2006 through July 26, 2006. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on July 18, 2006. Since you were paid short term disability benefits from July 18, 2006 through July 26, 2006, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period July 18, 2006 through August 13, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
July 18, 2006-August 13, 2006	\$2108.58	\$1405.72	\$702.86
<b>GROSS OVERPAYMENT</b>			\$702.86
less EXCESS FICA WITHHELD PERIODS			\$53.77
<b>NET OVERPAYMENT DUE</b>			<b>\$649.09</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

May 14, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$649.09. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in

3

May 14, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



Aetna Life Insurance Company  
Florida Disability Service Center  
PO Box 14553  
Lexington, KY 40512-4553

Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\*MAINTAIN A COPY OF THIS LETTER FOR YOUR FILE\*\***

April 24, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]

Dear [REDACTED]

We were informed that you return to work effective June 13, 2006. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on June 13, 2006. Since you were paid short term disability benefits through June 18, 2006, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period June 13, 2006 through June 18, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
June 13, 2006-June 18, 2006	\$241.83	\$0.00	\$241.83
<b>GROSS OVERPAYMENT</b>			<b>\$241.83</b>
less EXCESS FICA WITHHELD PERIODS			<b>\$15.63</b>
<b>NET OVERPAYMENT DUE</b>			<b>\$226.20</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.



2

April 24, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$226.20. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of

3

April 24, 2007

the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



Aetna Life Insurance Company  
Florida Disability Service Center  
PO Box 14553  
Lexington, KY 40512-4553

Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\*FILE COPY\*\***

June 11, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS/ Cert #: [REDACTED]

Dear [REDACTED]:

We were informed that you return to work effective December 26, 2006. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on December 26, 2006. Since you were paid short term disability benefits through December 27, 2006, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period December 21, 2006 through December 27, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
December 21, 2006-December 27, 2006	\$897.41	\$641.02	\$256.39
<b>GROSS OVERPAYMENT</b>			\$256.39
less EXCESS FICA WITHHELD PERIODS			\$19.61
<b>NET OVERPAYMENT DUE</b>			<b>\$236.78</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

2

June 11, 2007

As stated above, you were overpaid \$236.78. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances

3

June 11, 2007

require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



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Florida Disability Service Center  
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Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\*MAINTAIN A COPY OF THIS LETTER FOR YOUR FILE\*\***

April 24, 2007

[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications Corporation  
Employee: [REDACTED]

Dear [REDACTED]

During a recent review of your disability claim, it has been determined that a calculation error has been made on your weekly Short Term Disability benefits. According to the provisions of your disability plan you should have been paid \$216.00 per week, instead you were paid \$218.13 per week.

The calculation below shows your overpayment for the period April 10, 2006 through May 7, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
April 10, 2006-April 16, 2006	\$218.13	\$216.00	\$2.13
April 17, 2006-April 23, 2006	\$218.13	\$216.00	\$2.13
April 24, 2006-April 30, 2006	\$218.13	\$216.00	\$2.13
May 1, 2006-May 7, 2006	\$218.13	\$216.00	\$2.13
<b>GROSS OVERPAYMENT</b>			<b>\$8.52</b>
less EXCESS FICA WITHHELD PERIODS			<b>\$0.17</b>
<b>NET OVERPAYMENT DUE</b>			<b>\$8.35</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

April 24, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$8.35. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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3

April 24, 2007

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If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

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If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications Corporation





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Short Term Disability Claim Analyst  
1-888-382-3862  
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**\*\*MAINTAIN A COPY OF THIS LETTER FOR YOUR FILE\*\***

January 2, 2007

[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS#: [REDACTED]

Dear [REDACTED]

We were informed that you return to work effective November 27, 2006. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on November 27, 2006. Since you were paid short term disability benefits through November 29, 2006, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period November 21, 2006 through November 29, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
November 21, 06-November 27, 06	\$422.25	\$361.93	\$60.32
November 28, 06-November 29, 06	\$120.64	\$0.00	\$120.64
<b>GROSS OVERPAYMENT</b>			<b>\$180.96</b>
less EXCESS FICA WITHHELD PERIODS			<b>\$13.89</b>
<b>NET OVERPAYMENT DUE</b>			<b>\$167.07</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

2

January 2, 2007

As stated above, you were overpaid \$167.07. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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January 2, 2007

require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

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If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



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Short Term Disability Claim Analyst  
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1-877-444-9788 (fax)

**\*\*FILE COPY\*\***

November 13, 2007

[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS/Cert No: [REDACTED]

Dear [REDACTED]

We were informed that you return to work effective April 11, 2007. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on April 11, 2007. Since you were paid short term disability benefits through April 18, 2007, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period April 5, 2007 through April 18, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
April 5, 2007 - April 11, 2007	\$318.93	\$273.37	\$45.56
April 12, 2007 - April 18, 2007	\$318.93	\$0.00	\$318.93
<b>GROSS OVERPAYMENT</b>			<b>\$364.49</b>
less EXCESS FICA WITHHELD PERIODS			\$27.89
<b>NET OVERPAYMENT DUE</b>			<b>\$336.60</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

November 13, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$336.60. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

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November 13, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



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Angela A. Floyd  
Short Term Disability Claim Analyst  
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1-877-444-9788 (fax)

**\*\*FILE COPY\*\***

November 15, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS/ Cert No: [REDACTED]

Dear [REDACTED]:

We were informed that you return to work effective May 7, 2007. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on May 7, 2007. Since you were paid short term disability benefits through May 7, 2007, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period May 1, 2007 through May 7, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
May 1, 2007 – May 7, 2007	\$496.87	\$425.89	\$70.98
<b>GROSS OVERPAYMENT</b>			<b>\$70.98</b>
less EXCESS FICA WITHHELD PERIODS			<b>\$5.43</b>
<b>NET OVERPAYMENT DUE</b>			<b>\$65.55</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

November 15, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$65.55. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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Lexington, KY 40512-4553  
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November 15, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

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If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



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Short Term Disability Claim Analyst  
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**\*\*FILE COPY\*\***

November 20, 2007

[REDACTED]  
[REDACTED]  
[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications Corporation  
Employee: [REDACTED]  
SS/Cert No: [REDACTED]

Dear [REDACTED]

We were informed that you return to work effective May 7, 2007. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on May 7, 2007. Since you were paid short term disability benefits through May 10, 2007, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period May 4, 2007 through May 10, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
May 4, 2007-May 10, 2007	\$381.87	\$163.66	\$218.21
<b>GROSS OVERPAYMENT</b>			\$218.21
less EXCESS FICA WITHHELD PERIODS			\$16.69
<b>NET OVERPAYMENT DUE</b>			<b>\$201.52</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

November 20, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$201.52. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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November 20, 2007

your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

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If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

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Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications Corporation



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**\*\*FILE COPY\*\***

May 11, 2007

[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS#: [REDACTED]

Dear [REDACTED]

We were informed by your employer that you return to work effective October 2, 2006. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on October 1, 2006. Since you were paid short term disability benefits through October 2, 2006, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period September 27, 2006 through October 2, 2006.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMEN T AMOUNT
September 27, 2006-October 2, 2006	\$406.10	\$338.66	\$67.44
<b>GROSS OVERPAYMENT</b>			\$67.44
less EXCESS FICA WITHHELD PERIODS			\$5.15
<b>NET OVERPAYMENT DUE</b>			<b>\$62.29</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.

2

May 11, 2007

Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$62.29. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

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May 11, 2007

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Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Communications



Aetna Life Insurance Company  
Florida Disability Service Center  
PO Box 14553  
Lexington, KY 40512-4553

Angela A. Floyd  
Short Term Disability Claim Analyst  
1-888-382-3862  
1-877-444-9788 (fax)

**\*\* FILE COPY \*\***

August 16, 2007

[REDACTED]

### Short Term Disability Benefits

Group Control No: 619308  
Employer: Mediacom Communications  
Employee: [REDACTED]  
SS/ Cert #: [REDACTED]

Dear [REDACTED]

We were informed by that you return to work effective March 5, 2007. According to the provisions of your short term disability plan, benefits are to cease once an employee returns to work earning reasonable wage. Therefore, your eligibility to receive short term disability benefits was terminated on March 4, 2007. Since you were paid short term disability benefits through March 5, 2007, an overpayment has occurred on your claim.

The calculation below shows your overpayment for the period February 27, 2007 through March 5, 2007.

BENEFIT PERIODS	AMOUNT ISSUED TO YOU	less AMOUNT DUE	equals OVERPAYMENT AMOUNT
February 27, 2007-March 5, 2007	\$279.57	\$239.63	\$39.94
<b>GROSS OVERPAYMENT</b>			<b>\$39.94</b>
less EXCESS FICA WITHHELD PERIODS			<b>\$3.06</b>
<b>NET OVERPAYMENT DUE</b>			<b>\$36.88</b>

Since you received weekly benefits in excess of your entitlement, please immediately reimburse the outstanding overpayment amount indicated above.



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Social Security (FICA) withholding is required during the first six full months of disability. FICA withholding will cease if you continue to remain totally disabled beyond six full calendar months.

As stated above, you were overpaid \$36.88. Please forward your check or money order payable to Aetna Life Insurance Company, in the enclosed self-addressed envelope.

*You must respond to this request within 15 days from the date of this letter. Failure to respond will result in our taking further action including referral of this matter to a collection agency for handling.*

The amount of the above overpayment has been reduced by a FICA credit. The amount of the FICA credit will be reimbursed directly to Aetna by the IRS. Therefore, you should not request reimbursement from the IRS.

Please enter your Social Security Number, sign, date, and return this letter with reimbursement of the above overpayment. Your reimbursement cannot be processed and your benefits cannot be resumed prior to receipt of this signed letter.

"I will not seek reimbursement of withheld FICA amounts directly from the IRS. The amount of reimbursement due to Aetna has been adjusted for FICA withholding."

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are entitled to a review of this decision if you do not agree.

To obtain a review, you or your authorized representative should submit a written request. Your request should include your group's name (e.g. employer), your name, social security number, other pertinent identifying information, comments, documents, records and other information you would like to have considered. You may also ask for copies or documents relevant to your request. Please mail or fax your request for appeal to:

Aetna Life Insurance Company  
P.O. Box 14553  
Lexington, KY 40512-4553  
Fax #: 1-877-444-9788

Your written request for review must be mailed or delivered to the address above within 180 days following receipt of this notice, or a longer period if specified in

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your plan brochure or Summary Plan Description. You will receive notification of the final determination within 45 days following receipt of your request. This period may be extended up to an additional 45 days if special circumstances require such an extension, in which case you will be notified prior to the end of the first 45 day period.

If your plan is covered under the Employee Retirement Income Security Act (ERISA), and you do not agree with the final determination upon review, you have the right to bring a civil action under section 502(a) of ERISA.

If the determination was made based on the definition of disability, or similar limitation or exclusion, an explanation of the scientific or clinical judgment for the determination, applying terms of the plan to your medical condition, will be provided free of charge upon request by you or your authorized representative.

In any event, a copy of the specific rule, guideline or protocol relied upon in the adverse determination will be provided free of charge upon your or your authorized representative's request.

If you have any questions, please call 1-888-382-3862.

Sincerely,

Angela A. Floyd, DCA  
Aetna Life Insurance Company

cc: Mediacom Conmmunications

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